

MISSISSIPPI UNIFORM ACCIDENT REPORT SUPPLEMENT

Page ____ of ____

Reporting Agency	County/City	Accident Location Hwy/Street
Date of Accident	Time of Accident	Local Case Number

COMMERCIAL VEHICLE FORM: NOT TO BE USED FOR MOTOR HOMES OR FARM IMPLEMENTS.
 This form must be completed for ALL traffic accidents involving the following: 1) any truck or truck-tractor having at least 2 axles and 6 tires - 2) any vehicle requiring/displaying a hazardous material placard or - 3) designed to carry more than 15 passengers, including the driver.

Vehicle # _____ Truck/tractor VIN _____ US DOT # _____ ICC MC # _____

Commodities hauled _____ Gross Vehicle Weight Rating _____

No. of Axles _____ Hazardous Materials Placard # (Number or name) _____

List the 1-digit number from the bottom of the placard: _____

Carrier's Name _____

Carrier's Address _____

City _____ State _____ Zip Code _____

Source of Carrier's Name (check one)

☐ Driver ☐ Shipping papers
☐ Vehicle side ☐ Log Book

SEQUENCE OF EVENTS (for THIS vehicle)
 (Number 1-4 in order of occurrence)

Collision Involving

A ___ Ran Off Road I ___ Pedestrian
 B ___ Jackknifed J ___ Motor Vehicle Moving
 C ___ Overturned or Rollover K ___ Parked vehicle
 D ___ Downhill Runaway L ___ Train
 E ___ Cargo Loss or Spill M ___ Pedalcycle
 F ___ Explosion or Fire N ___ Animal
 G ___ Separation of Units O ___ Fixed Object
 H ___ Other Event P ___ Other Object

VEHICLE CONFIGURATION

A ☐ Bus
 School (yellow & black)
 B ☐ Single-unit truck
 2 axles, 6 tires
 C ☐ Single-unit truck
 3 or more axles
 D ☐ Truck/trailer
 E ☐ Truck Tractor (Bobtail)
 F ☐ Tractor/semi-trailer
 G ☐ Tractor/doubles
 H ☐ Tractor/triples
 I ☐ Unknown heavy truck

CARGO BODY TYPE

A ☐ Auto Transport
 B ☐ Bus
 C ☐ Cargo Tank
 D ☐ Concrete Mixer
 E ☐ Dump
 F ☐ Flatbed
 G ☐ Garbage or Refuse
 H ☐ Other
 I ☐ Van/Enclosed Box

DRIVER'S LICENSE ENDORSEMENTS/RESTRICTIONS
 Check Appropriate Blocks

P ☐ Passenger
 R ☐ Hazmat
 N ☐ Tanker
 T ☐ Doubles/Triples
 X ☐ Hazmat Tanker
 K ☐ Interstate Only
 L ☐ Airbrakes

HAZARDOUS MATERIAL INVOLVEMENT
 Did vehicle have a HAZARDOUS material placard?
☐ Yes ☐ No
 Was hazardous MATERIAL released from THIS vehicle's cargo? (not including fuel from tank)
☐ Yes ☐ No

CHILDREN'S RESTRAINT USE FORM:

<p>1. Approximate weight ____ lbs.</p> <p>2. Child's Age (months) ____</p> <p>4. Was child secured in anyway? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>5. Was the child on the lap of an adult? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>6. Was child in proper restraint? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>8. Commercial name of restraint device _____ model _____</p> <p>9. Circle restraint type below which most nearly resembles the one use.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> </div>	<p>3. SEVERITY OF INJURY</p> <p><input type="checkbox"/> Not Injured <input type="checkbox"/> Minor Injury <input type="checkbox"/> Serious Injury <input type="checkbox"/> Fatal</p> <p>7. Child's location in vehicle.</p> <div style="text-align: center;"> </div>
<p>10. Corrective Action <input type="checkbox"/> None <input type="checkbox"/> Citation <input type="checkbox"/> Warning</p>	